phenomena of opposition. To illustrate these symptoms and the foregoing conclusions, the author describes three typical cases of katatonia.

5. *Multiple Exostoses.*—Numerous cases of multiple exostoses have been published in the last two years. In a recent article, Auvray and Guillain have noted all the known facts, together with two new cases of this condition. The objective characteristics of this disease are the symmetrical localization of the exostoses in the extremities of the long bones, grouped usually about the epiphyseal cartilages and developing at the same time with the skeletal growth. They can remain unnoticed for a long time, can persist indefinitely, and even sometimes showing a tendency to disappear. They are usually painless, but are capable of causing symptoms by pressure. The case which is here reported, as an illustration of this disease, is a man thirty years old, with multiple exostoses, some of which are accompanied by suppuration. In addition, the patient shows a symptom of syringomyelia, a Morvan hand, and sensory symptoms, characterized by hemianesthesia and a thermo-anesthesia of the left side. The exostoses are present in various parts of the body, which a diagram and a radiograph well illustrate. The author concludes as follows: 1. The pathogenesis of this disease is not known. 2. Perhaps it is dependent upon an affection of the nervous system not yet localized (gray matter of the cord). 3. The suppuration in this case can be explained by the presence of tuberculosis. S. I. SCHWAB (St. Louis).

Archives de Neurologie.

(1902, Vol. 13, No. 78, June.)

1. Three Cases of Hemianopsia. F. RAYMOND.
2. Contribution to the Psychology of the Genesis of Psychomotor Hallucination. N. VASCHIDE and CL. VURPAS.
3. Observations in Five Cases of Conjugal General Paralysis. P. KERAVAL and G. RAVIART.

1. *Hemianopsia.*—Using three cases as examples Raymond offers a clinical lecture on hemianopsia in which he describes the symptoms and pathological lesions in a very interesting and clear manner.

2. *Psychology of Genesis of Psychomotor Hallucinations.*—A case of psychomotor hallucinations. The patient, a woman forty-three years old, hears voices speaking within herself and, without trying to localize themselves in any part of the body, affirms that they speak to her. She moves her lips to utter the ideas of persons that talk within her and answers them. Thus she carries on a dialogue. At times she believes what she says and writes her own thoughts, and then at times she thinks they come from elsewhere. Therefore in this case the so-called psychomotor hallucinations are only the ideas of the patient of which she is conscious by exaggerated mental introspection. Ignorant of psychological laws of association, she is astonished at possession of thoughts which she knows to be contrary to her sentiments and to her moral and intellectual personality, and at once ascribes them to an exogenous origin. When the mental image produced by these thoughts is strongly enough developed, she is led to a motor reaction and articulates these thoughts. Introspection plays the principal rôle. The authors do not wish, they say, to base a theory of psychomotor hallucinations which might arise under other conditions, on an isolated case. They wish to insist only on the genesis and mechanism of the case observed. The psychological examination ought to give most important details of this morbid symptom-complex. but the examination must be complete in order that the pathogenesis be of any value. The method of considering the syndrome by itself, in its

characteristic traits, and explaining in a way to satisfy the mind, either by psychological facts, or those of psychiatry, or by other known, accepted and related phenomena, is a dangerous one. It isolates artificially the syndrome or series of facts from the unity of conditions to which it is intimately and indissolubly bound. What is needed is a complete detailed psychological examination. It is necessary to have sounded and penetrated to the depths of a subject's character before beginning the psychological experimental investigation. The observations of the subjects confirm largely the ideas held concerning the hallucinations commonly known as psychomotor. But in the study of the mental state of L—, independent of the physiological conditions, they think they can describe the mechanism and genesis even, of these hallucinations. The case is typical and therefore they have chosen it, and besides, the explanation can be supplemented by a number of indispensable elements furnished by observation. The subject under consideration does not present a case of well-defined symptoms, and would not enter into the category of morbid affections, if she had the necessary discernment between the different mental states of her distraction. There is a current opinion that the entire mental activity manifests itself in the form of a subconscious language. Subconscious language is, so to speak, the sanctuary of articulate speech, and hence of the *ego*—the conscious self—which enters into relation with the surrounding world, and which formulates acts and coördinates syllogisms. A deaf-mute has unspoken language extremely rich, although unable to articulate. It is rare that an individual can classify his thoughts or reconsider past impressions without the aid of this interior language.

The sole desire here is, without entering into discussion, to call attention to the influence in morbid psychology of this language on the systematization and origin of psychopathic trouble. This patient no doubt was ignorant of the subconscious life, and was surprised to find a physical and mental life whose origin, significance and purpose she could not understand. All this subconscious mentality furnished her the elements of hallucination by introspection. She constantly hears words as if whispered, and which persist in crossing her opinions. The attention is fixed on this phenomenon, and not finding any means to explain it, she ponders more and more over it till, in time, she comes to think that strange voices are talking and insinuating themselves into her thoughts.

What happens to L— has so far no pathological significance unless it is the adaptation of too sustained intellectual efforts, and the hasty but logical interpretation of facts which escape her in real consciousness. Each normal man may be appalled at the greatness and complexity of psychological phenomena. Many cannot fix the attention sufficiently to know this territory, and those who can are distinguished from those who present pathological trouble, by the fact that they represent the interior language as their own intellectual state. L— dissociates very minutely the articulated language from the subconscious, and here begins the pathological condition. She has not the judgment to see that the subconscious states are part of her ego, and by and by she attributes the "voices" to personalities identical with her former sympathies and antipathies, and suddenly begins to fight with illusory personages. Subconscious language is, therefore, the essential element of a number of psychomotor hallucinations, and perhaps of all. Instead of insisting upon accidental dynamic cerebral explosions or cortical irritation, one must study, for interpretation of this phenomenon, the hallucinations of subconscious language.

To sum up very briefly, psychomotor hallucinations can easily re-

ceive a psychological explanation on the ground of pathological introspection and attention to subconscious language.

3. *Conjugal General Paralysis.*—Fives cases are reported in which man and wife have developed general paresis. The etiological factor was not always evident, but in two of the instances syphilis played the leading rôle. In one family alcoholism is the only known cause, while in the two remaining cases cranial injury and heredity appear as causative agents in the husband, and grief and sorrow induce the disease in the wife. Regarding these latter cases, there is room for much skepticism. In three of the families the husband died first and in the other two they suppose the wife to have succumbed first. One woman developed tabes many years before there were any signs of general paresis. There was nothing of special note in the clinical pictures presented.

(1902, Vol. 14, No. 79, July.)

1. New Contribution to the Study of Vertiginous Epilepsy and Its Treatment by Bromated Camphor. BOURNEVILLE and AMBARD.
2. Contribution to the Study of the Action of Valerian and Valerianates. CH. FÉRÉ.
3. A Parasite in the Blood of Epileptics. M. M. BRA.

1. *Treatment of Vertiginous Epilepsy.*—Bourneville, as the result of years of treatment of epilepsy at Bicêtre, advises the administration of monobromated camphor, in gradually increasing amounts. When the dose has reached to five times the initial dose, it is gradually diminished. He does not give the amount of camphor used at the start. He reports the cure of three cases of the vertiginous form by this method.

2. *Action of Valerian and Valerianates.*—In small doses they excite voluntary motion. In stronger doses they produce depression. In any strength they cause diminution of resistance to fatigue. There is thus produced an inverse effect according to the strength of drug used. The physiological action as proved by experiment also differs in an interesting way from the antispasmodic and sedative effect which empiricism attributes to the drugs.

3. See abstract from *Revue Neurologique* in this number.

(1902, Vol. 14, No. 80, August.)

1. A Case of Epithelioid Papilloma of the Red Nucleus. Contribution to the Study of the Functions of the Red Nucleus. F. RAYMOND and R. CESTAN.
2. Infantile Tremors and Congenital Nystagmus. An Attempt at Classification. LENOBLE and AUBINEAN.
3. Notes Upon a Case of Epileptic Delirium. A. PETIT.
4. The Hysteria of Saint-Theresa. ROUBY.

1. *Papilloma of the Red Nucleus.*—The case reported is of interest from both a pathological and a clinical standpoint. The tumor presents microscopically a close resemblance to the metastases formed from a growth primary in the intestinal canal. However, after a most careful search at the autopsy no primary focus was found, and the reporters have decided that the neoplasm is primary in the brain, and originates probably from the pia mater covering the crura cerebri; that it is of the